



Should you have any questions regarding this form, please contact AUPE
Records Department at 780-930-3300 or 1-800-232-7284.

Union Steward Withdrawal Form

Member Information:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____ PHONE: _____

MEMBER #: _____ LOCAL/CHAPTER: _____

As I feel I cannot fulfill the roles and responsibilities of the Union Steward position at this time, I would like to withdraw from my position as a Union Steward. I understand that if I would like to be a Union Steward again at a later date, I will need to follow the nomination process and my past education with AUPE will be reviewed and evaluated.

My reason(s) for discontinuing my position as a Union Steward are (check all that apply)

- Family/Time Constraints.
- Haven't been able to use my training at my worksite.
- Work resignation or retirement.
- Other personal reasons.

I confirm that I wish to discontinue my position as a Union Steward at this time.

Member Signature

Date

**Please return this form to AUPE's Records Department.
Fax: 780-930-3392 - Toll Free Fax: 1-888-388-2873**

For Office Use Only – Position End-Dated on: _____

Cc – MSO _____ Local Chair _____ Chapter Chair _____ Member _____